

Pro Se 1 (Rev. 09/16) Complaint for a Civil Case

UNITED STATES DISTRICT COURT

for the

District of Massachusetts

CIVIL RESIDENT – JOHN DOE

Plaintiff(s)

(Write the full name of each plaintiff who is filing this complaint. If the names of all the plaintiffs cannot fit in the space above, please write "see attached" in the space and attach an additional page with the full list of names.)

-v-

MASSACHUSETTS STATE LOTTERY
COMMISSION, AND IT'S AGENTS, et al.,.

Defendant(s)

(Write the full name of each defendant who is being sued. If the names of all the defendants cannot fit in the space above, please write "see attached" in the space and attach an additional page with the full list of names.)

Case No. _____

(to be filled in by the Clerk's Office)

Jury Trial: (check one) ☒ Yes ☐ No

FILED
IN CLERKS OFFICE
2021 SEP 15 PM 12:15
U.S. DISTRICT COURT
DISTRICT OF MASS.

COMPLAINT FOR A CIVIL CASE

I. The Parties to This Complaint**A. The Plaintiff(s)**

Provide the information below for each plaintiff named in the complaint. Attach additional pages if needed.

Name	RICARDO SEBASTIANO MAZZARINO
Street Address	30 ADMINISRTRATION ROAD
City and County	BRIDGEWATER, MA PLYMOUTH COUNTY
State and Zip Code	MASSACHUSETT 02324-3230
Telephone Number	CIVIL RESIDENT
E-mail Address	MASSACHUSETTS TREATMENT CENTER

B. The Defendant(s)

Provide the information below for each defendant named in the complaint, whether the defendant is an individual, a government agency, an organization, or a corporation. For an individual defendant, include the person's job or title (*if known*). Attach additional pages if needed.

Defendant No. 1

Name	MASSACHUSETTS STATE LOTTERY COMMISSION
Job or Title <i>(if known)</i>	
Street Address	150 MOUNT VERNON STREET, SUITE 300,
City and County	DORCHESTER, SUFFOLK COUNTY
State and Zip Code	MASSACHUSETTS 02125-3573
Telephone Number	(781) 849-5555
E-mail Address <i>(if known)</i>	www.masslottery.com

Defendant No. 2

Name	MICHAEL R. SWEENEY
Job or Title <i>(if known)</i>	EXECUTIVE DIRECTOR, AND OVER SEER
Street Address	150 MOUNT VERNON STREET, SUITE 300,
City and County	DORCHESTER, SUFFOLK COUNTY
State and Zip Code	MASSACHUSETTS 02125-3573
Telephone Number	(781) 849-5555
E-mail Address <i>(if known)</i>	www.masslottery.com

Defendant No. 3

Name	DEBORAH B. GOLDBERG
Job or Title <i>(if known)</i>	TREASURER AND RECEIVER GENERAL
Street Address	150 MOUNT VERNON STREET, SUITE 300,
City and County	DORCHESTER, SUFFOLK COUNTY
State and Zip Code	MASSACHUSETTS 02125-3573
Telephone Number	(781) 849-5555
E-mail Address <i>(if known)</i>	www.masslottery.com

Defendant No. 4

Name	
Job or Title <i>(if known)</i>	
Street Address	
City and County	
State and Zip Code	
Telephone Number	
E-mail Address <i>(if known)</i>	

II. Basis for Jurisdiction

Federal courts are courts of limited jurisdiction (limited power). Generally, only two types of cases can be heard in federal court: cases involving a federal question and cases involving diversity of citizenship of the parties. Under 28 U.S.C. § 1331, a case arising under the United States Constitution or federal laws or treaties is a federal question case. Under 28 U.S.C. § 1332, a case in which a citizen of one State sues a citizen of another State or nation and the amount at stake is more than \$75,000 is a diversity of citizenship case. In a diversity of citizenship case, no defendant may be a citizen of the same State as any plaintiff.

What is the basis for federal court jurisdiction? *(check all that apply)*

☒ Federal question ☐ Diversity of citizenship

Fill out the paragraphs in this section that apply to this case.

A. If the Basis for Jurisdiction Is a Federal Question

List the specific federal statutes, federal treaties, and/or provisions of the United States Constitution that are at issue in this case. 14th. Admendment, Dou Proccess, & Equal Protection, and the like... Preson rights protection.

B. If the Basis for Jurisdiction Is Diversity of Citizenship**1. The Plaintiff(s)****a. If the plaintiff is an individual**

The plaintiff, *(name)* _____, is a citizen of the State of *(name)* _____.

b. If the plaintiff is a corporation

The plaintiff, *(name)* _____, is incorporated under the laws of the State of *(name)* _____, and has its principal place of business in the State of *(name)* _____.

(If more than one plaintiff is named in the complaint, attach an additional page providing the same information for each additional plaintiff.)

2. The Defendant(s)**a. If the defendant is an individual**

The defendant, *(name)* MICHAEL R. SWEENEY, is a citizen of the State of *(name)* MASSACHUSETTS. Or is a citizen of *(foreign nation)* _____.

- b. If the defendant is a corporation MASSACHUSETTS STATE LOTTERY COMMISSION
 The defendant, (name) _____, is incorporated under
 the laws of the State of (name) MASSACHUSETTS, and has its
 principal place of business in the State of (name) BOSTON, MASSACHUSETTS.
 Or is incorporated under the laws of (foreign nation) _____,
 and has its principal place of business in (name) _____.

(If more than one defendant is named in the complaint, attach an additional page providing the same information for each additional defendant.)

3. The Amount in Controversy

The amount in controversy-the amount the plaintiff claims the defendant owes or the amount at stake-is more than \$75,000, not counting interest and costs of court, because *(explain)*:

\$5,000.000.00 Million Dollars, and \$200,000.00 Thousand Dollars from each Defendant in their Official Capacity, and \$200,000.00 Thousand Dollars from each Defendant in their Individual Capacity.

III. Statement of Claim

Write a short and plain statement of the claim. Do not make legal arguments. State as briefly as possible the facts showing that each plaintiff is entitled to the damages or other relief sought. State how each defendant was involved and what each defendant did that caused the plaintiff harm or violated the plaintiff's rights, including the dates and places of that involvement or conduct. If more than one claim is asserted, number each claim and write a short and plain statement of each claim in a separate paragraph. Attach additional pages if needed.

The above Massachusetts State Lottery Commission, and it's Agents, denied the Plaintiff, the rights to register in each of the five million dollar drawings via VaxMillionGiveWay. See Attached Affidavid In Support of Claim.

IV. Relief

State briefly and precisely what damages or other relief the plaintiff asks the court to order. Do not make legal arguments. Include any basis for claiming that the wrongs alleged are continuing at the present time. Include the amounts of any actual damages claimed for the acts alleged and the basis for these amounts. Include any punitive or exemplary damages claimed, the amounts, and the reasons you claim you are entitled to actual or punitive money damages. \$1,000.000.00 Million dollars denied in each of the five weekly State drawings, totaling five drawings, and five chances to win, thus seeks \$5,000.000.00 from the Massachusetts State Lottery Commission, and \$200,000.00 dollars from Michael R. Sweeney, and Deborah B. Goldberg, in their Offical Capacity each, and \$200,000.00 dollars from Michael R. Sweeney, and Deborah B. Goldberg, in their Individual Capacity each. Denying the Plaintiff, the right to Register in the five State Lottery Drawings pursuant to the VaxMillionsGiveAway, offered during the end of July-August 2021.

V. Certification and Closing

Under Federal Rule of Civil Procedure 11, by signing below, I certify to the best of my knowledge, information, and belief that this complaint: (1) is not being presented for an improper purpose, such as to harass, cause unnecessary delay, or needlessly increase the cost of litigation; (2) is supported by existing law or by a nonfrivolous argument for extending, modifying, or reversing existing law; (3) the factual contentions have evidentiary support or, if specifically so identified, will likely have evidentiary support after a reasonable opportunity for further investigation or discovery; and (4) the complaint otherwise complies with the requirements of Rule 11.

A. For Parties Without an Attorney

I agree to provide the Clerk's Office with any changes to my address where case-related papers may be served. I understand that my failure to keep a current address on file with the Clerk's Office may result in the dismissal of my case.

Date of signing: August 31st. 2021

Signature of Plaintiff

Printed Name of Plaintiff

Ricardo Sebastian Mazzarino,
Ricardo Sebastian MAZZARINO,
Pro Se Plaintiff:

B. For Attorneys

Date of signing: _____

Signature of Attorney

Printed Name of Attorney

Bar Number

Name of Law Firm

Street Address

State and Zip Code

Telephone Number

E-mail Address